

REIMBURSEMENT INFORMATION

Michigan Department of Environmental Quality Water Bureau

Continuing Septage Education Reimbursement Request

Form must be completed and submitted by the septage firm owner to request a reimbursement for continuing septage education as required under Part 117, Septage Waste Servicers, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

BUSINESS NAME OR NAME OF BUSINESS (OWNER	FEDERAL ID					
MAILING ADDRESS	CI	TY	STAT		ZIP		
DEQ SEPTAGE LICENSE NUMBER			DAYTIME	AYTIME PHONE NO.			
COURSE INFORMATION							
NAME OF BUSINESS OWNER WHO ATTEND	DED COURSE						
COURSE ATTENDED	COURSE LO	COURSE LOCATION			COURSE DATE		
COURSE PRESENTER							
COURSE FEE AMOUNT TO BE REIMBURSEI	D						
\$ COURSE FEE ONLY – NO	O ADDITIONAL COSTS W	ILL BE REIMBUR	RSED				
SEPTAGE FIRM OWNER			D	DATE:			
,	(signature)						
PRINT NAME(printed name for signature above)							
SUBMIT COMPLETED FORM, RECEI	PT, AND PROOF OF	COURSE CO	OMPLETION	ТО:			
MICHICAN DEDARTMENT OF EN	VIDONIMENTAL OL	IALITY W	ATED BLIDE	ΛΙΙ / Ν <i>Ι</i> Γ	DEO WB)		
MICHIGAN DEPARTMENT OF EN' SEPTAGE PROGRAM	VIRONWENTALQ	JALIIY — VV	AIER DURE	AU (IVIL	DEQ - WD)		
PO BOX 30273							
LANSING, MI 48909-7773							
DEQ USE ONLY:							
WATER BUREAU APPROVAL	(SIGNATI	IRF)		DATE:			
	(SIGNAT)	JIL)					